

USAID HIV/AIDS Combination Prevention Program for MARPs in Central America and Mexico

**Quarterly Narrative Report
October 1 – December 30, 2012**

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Prepared by:



for



USAID
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LIST OF ACRONYMS

AIDS:	Acquired Immune Deficiency Syndrome
BCC:	Behavior change communication
CAI:	Cicatelli Associates Inc.
C/FBO:	Community/faith-based organization
CAM:	Central America & Mexico
CEM:	Coarsened Exact Matching
DDM:	Dashboard to Decision Making
FSW:	Female sex workers
HIV:	Human Immunodeficiency Virus
IPC:	Interpersonal communication
IPPF/WHR:	International Planned Parenthood Federation/Western Hemisphere Region
IRB:	Internal Review Board
MA:	Member Association
MARPs:	Most at-risk populations
MnC:	Milk n' Cookies
MSM:	Men who have sex with men
MoH:	Ministry of Health
NAP:	National AIDS Program
NGO:	Non-governmental organization
PASMO:	Pan-American Social Marketing Organization
PEPFAR:	The United States President's Emergency Plan for AIDS Relief
PLHA:	People living with HIV/AIDS
PSI:	Population Services International
REDCA:	Central American Network of Persons with HIV
RCM:	Regional Coordinating Mechanism
SMS:	Short messaging system
STI:	Sexually transmitted infection
TRaC:	Tracking Results Continuously quantitative survey
UIC:	Unique identifier code
UNDP:	United Nations Development Program
UNFPA:	United Nations Population Fund
USAID:	The United States Agency for International Development
VCT:	Voluntary counseling and testing

Executive Summary

This quarterly narrative report summarizes key objectives and quarterly results of the USAID Central America and Mexico HIV/AIDS Program: Combination Prevention for MARPs during the period from October 1, 2012 – December 30, 2012 (Q1 FY2013). Under this program, PSI works to increase access to HIV prevention interventions by most-at-risk populations in Central America and Mexico working through its regional affiliates, the Pan-American Social Marketing Organization (PASMO) and PSI/Mexico, and in partnership with its sub recipients, International Planned Parenthood Federation Western Hemisphere Region (IPPF/WHR) and its eight local member associations, Cicatelli Associates, Inc. (CAI), and Milk n' Cookies (MnC), and numerous other community/faith-based (C/FBO), nongovernmental (NGO), public, and private sector partners. This Quarterly Report does not reflect activities conducted in Mexico; the Mexico report is submitted separately.

During Q1 FY013, the Program:

Component 1 – Behavior Change Communication (BCC)

- **Continued to implement combination prevention activities through HIV/STI tactical prevention teams** by carrying out a “sweeping the zone” strategy by country and target population, updating and using high-risk zone profiles, and conducting actions to help strengthen the implementation of the “sweeping the zone” strategy.
- **Worked with REDCA and other key partners to reach PLHA** in both clinical and community-based settings.
- **Conducted 3,558 combination prevention activities through 30,064 contacts, reaching and 21,156 individuals.**
- **Participated actively in World AIDS Day 2012** in all Program countries in coordination with local Ministries of Health and National AIDS Programs.
- **Developed a capacity building assessment tool for NGOs in Nicaragua** as part of the methodological coaching process. The Program also organized and held the first Methodological Congress with NGOs in November.
- **Began implementing one new BCC methodology (“Decisiones” picture code for transgendered populations) and took steps to complete two methodologies** (multiple session discussion methodology for transgendered populations and multiple session discussion methodology for female sex workers).
- **Began to develop new/adapted methodologies** (a new methodology for PLHA developed in coordination with REDCA, and an adapted version of the “XY” incomplete drama methodology for MSM to be used online). The Program also began to develop new print material as planned under the FY2013 Work Plan.

- **Continued to implement online outreach with MSM through the cyber-educator program.** Additionally, the Program began to plan the regional cyber-educator workshop and develop an integrated “gamification”¹ strategy for cyber-educators to reach MSM through online channels.
- **Continued to lead the implementation of virtual self-help groups through the ¿Y Ahora Qué? website,** and continued to implement a the communication and promotion strategy for the website and groups.
- **Conducted ongoing activities to strengthen and systematize quality control for BCC/VCT activities,** including the continued implementation of Unique Identifier Code (UIC) system at a regional level, systematic local quality control and UIC review meetings with NGOs, IPPF and other partners.
- **Updated its catalogue of materials under the condom category campaign known as ¿Tienes? Pídelo.**
- **Continued to air the second phase of the Hombres de Verdad Campaign and conducted local launch events** in all Program countries.
- **As part of its social media strategy, continued to implement a systematic update of the ¿Y Ahora Qué? and Mi Zona H websites and their social media channels** based on a three level calendar which includes key dates, new content and renewed design. The Mi Zona H website was completely redesigned to be aligned with the second phase of the campaign.
- **As part of its mobile phone and short messaging system (SMS) initiatives,** completed the development of content for the two interactive SMS “soap operas” for female sex workers and transgendered populations.

Table 1: Summary of Regional BCC Outputs (October– December 2012, Q1 FY2013)

ACTIVITY	Guatemala	El Salvador	Nicaragua	Costa Rica	Panama	Belize	Total	Annual Target	Achieved	% Time Elapsed
ComPrevention Interventions	526	1.488	26	466	982	70	3.558	18.305	19%	25%
ComPrevention Contacts	3.781	12.818	258	3.097	9.584	526	30.064	152.754	20%	25%
Individuals reached	2.464	9.198	171	1.285	7.536	502	21.156	54.050	39%	25%
TOTAL VCT	1.058	796	182	193	1.310	247	3.786	15.800	24%	25%

¹ A gamification strategy involves linking educational programs for educators with a cyber points program where both cyber educators and users receive points for different tasks given for participation in the education program. Levels and points are linked to an awards program where benefits and goals achieved can reward users with non-monetary or digital prizes.

Component 2 – Structural Approaches

- **Planned its two final validation workshops for the regional training manual for services providers on stigma and discrimination.** These workshops were scheduled for this reporting period but were postponed for Q2 giving conflicting schedules, World AIDS Day activities and other Program activities.
- **Trained 56 health care workers, including counselors, community workers in outreach with MARPs and testing and counseling** at IPPF/WHR Member Associations, NGOs and private sector health care providers in the provision of MARP-friendly services.
- **Continued to lead the process of a social movement against stigma and discrimination at a regional level** through local multi-sector technical working groups. Through these groups, a name, slogan and logo for the social movement was selected (Generación Cero – yo me apunto), and several World AIDS Day and other activities were planned under this initiative.
- **Conducted two national-level workshops with journalists in Costa Rica and Panama and conducted** a series of short sensitization sessions with journalists in El Salvador.

Component 3 – Expanding Access and Use of Prevention Services

- **Worked to improve condom and lubricant distribution** by continuing to implement a high-risk zone sales strategy that identifies and opens new non-traditional and high-risk outlets.
- **Continued to work closely with the MoH to provide follow-up to the National Condom Strategy processes** in Guatemala and Costa Rica in order to encourage the growth of the overall condom market.
- **Continue to expand access to MARP-friendly services at local IPPF Member Associations** through coordinated sweeping the activities and other actions.
- **Continued to work through IPPF member associations throughout the region to provide access to MARP-friendly services** providing biomedical services such as syphilis diagnosis tests, STI consultations, and HIV testing and counseling.
- **Conducted mobile VCT in all program countries, except Costa Rica and Nicaragua, in coordination with MoH and other key partners.**
- **Received a monitoring visit for compliance with the Environmental Mitigation Plan in Guatemala with positive results.**

Cross-Cutting Component 4 – Strategic Information

- **Completed the study design for a special qualitative study** designed to better understand the views of persons living with HIV, their perceptions and preferences in relationships.
- **Identified a funding opportunity for a combination prevention impact study** through the Implementation Science Research to Support Programs under the President's Emergency Plan for AIDS Relief and began to outline a concept note.
- **Completed the first round of the Mystery Client Survey** in all Program countries except Costa Rica and Guatemala.
- **Began the fieldwork for the new round of TRaC surveys with FSW and MSM** in El Salvador, Nicaragua, Costa Rica and Panama. Additionally, the Program began two regional TRaCs with people leaving with HIV/AIDS and men at-risk in all Program countries.

- **Continued to implement its regional Research Dissemination Strategy in coordination and communication with the MoH**, including internal DDM (Dashboard Decision Making) exercises. In Q1, the Program presented to USAID the results of the Best Practices Review of Sweeping the Zone and conducted an internal DDM exercise with researchers and HIV team members throughout the region for the Impact Study for the “Viviendo la Vida” methodology.
- **Continued to participate in inter-institutional entities and working groups**, in addition to ongoing close coordination with local Ministries of Health, USAID partners in health, donors, NGO partners, among others.

Other Cross Cutting Issues

- **Conducted ongoing efforts to include gender** in the conceptualization, development and implementation of all components of the program.
- **Continued to implement the PSI/PASMO Human Resources Development Plans** in each country platform with ongoing training sessions for internal staff.
- **Conducted the review of the 2008-2012 PASMO Strategic Plan** to develop the new PASMO Strategic Plan 2013-2018.
- **Addressed certain challenges faced during the reporting period**, and planned and began to undertake actions in response to those challenges.

Overview

In September of 2010, USAID granted a cooperative agreement to Population Services International (PSI) for the period September 2010 - September 2015 to reduce the spread of HIV among most at-risk populations (MARPs) in Central America and Mexico (CAM), in accordance with US Government guidance for concentrated epidemics. Under this agreement, PSI works to increase access to HIV prevention interventions by MARPs in working through its regional affiliates, the Pan-American Social Marketing Organization (PASMO) and PSI/Mexico, and in partnership with its sub recipients, International Planned Parenthood Federation Western Hemisphere Region (IPPF/WHR) and its eight local member associations, Cicatelli Associates, Inc., and Milk n' Cookies, and numerous other community/faith-based (C/FBO), nongovernmental (NGO), public, and private sector partners in Belize, Guatemala, El Salvador, Nicaragua, Costa Rica and Belize.

The Program, entitled Central America and Mexico HIV/AIDS Program: Combination Prevention for MARPs (hereinafter, "the Program"), defines combination prevention is defined as "a combination of behavioral, structural, and biomedical approaches based on scientifically derived evidence with the wisdom and ownership of communities- offers the best hope for successful prevention" (Merson et al, Lancet 2008)

Due to the highly concentrated nature of the HIV epidemic in Central America and Mexico, the Program focuses on reducing high-risk sexual behaviors among most at risk populations (MARPs). MARPs include female sex workers (FSW), including ambulatory and brothel based, their clients and partners, men who have sex with men (MSM), people living with HIV/AIDS (PLHA) and their partners, and certain ethnic groups (Garifuna and Kuna). Within these MARP categories are individuals who are harder-to-reach and/or have special needs, including: bi-sexual MSM, MSM who do not identify as homosexual or gay, transgender, transvestite, MSM adolescents, and partners of PLHA who do not know their status or their partner's status, and highly mobile populations. The Program also aims to ensure a comprehensive approach including secondary vulnerable groups, defined as those who interact with high-prevalence populations and/or have increased vulnerability to infection due to their social/economic status. These groups may include: potential clients of sex workers, partners of sex workers, mobile populations, transport workers, uniformed men, and seafarers.

For FY2012, the Program reassessed priorities among target groups and defined the following three tiers: Tier 1) Transgendered and people living with HIV, Tier 2) MSM and female sex workers, and Tier 3) men at-risk and Caribbean populations (in applicable countries). As of FY2012, the Program prioritizes its prevention efforts in accordance with these tiers.

Also, in FY2012, USAID and local implementing partners in Nicaragua (Combination Prevention Program and Prevensida) revised both programs and proposed a new National Prevention Strategy that redefines the roles of each partner in order to avoid duplication and ensure the optimization of resources. As a result, as of FY2013 the Combination Prevention Program no longer directly implements most activities in Nicaragua, and focuses its efforts on strategy and materials development, as well as training and coaching.

Objectives and Results

The overall objective of the Program is to support the USAID Regional Prevention Strategy that focuses on providing cost effective, sustainable interventions designed to achieve increased access to HIV prevention interventions by most at-risk populations in Central America and Mexico. The Program carries out activities to achieve the following results:

1. Reduced prevalence of high-risk behaviors among MARPs and PLHA.
2. Increased effective interventions implemented to decrease hostility in social environments that foment and tolerate homophobia and stigma and discrimination attitudes related to sexual orientation, occupation or status.
3. Increased access by MARPs to a minimum package of essential prevention and health services that includes but is not limited to access to condoms, VCT services and STI diagnosis and treatment centers, emphasizing the involvement of private health providers.
4. Strategic information obtained through research and monitoring to design or modify prevention activities.

The four components for prevention interventions under this Program draw on resources to be allocated in the following areas: 1) evidenced based models for behavior change; 2) structural approaches to reduce stigma, discrimination, and homophobia that create barriers to access of services and violate human rights of PLHA and other MARPs; 3) essential health services (voluntary testing and counseling, referrals for STI diagnosis and treatment, opportunistic infections) accessible and affordable to MARPs, condom and water-based lubricant distribution; and 4) Strategic Information, generating data and information to monitor the progress of the program and to re orient the activities implemented. The program uses a social-ecological model to address HIV/AIDS epidemic at the individual, community, health system and structural levels. The Program also implements a holistic, integrated package of interventions, which work at all levels to ensure comprehensive coverage and systematic change.

As cross-cutting themes that affect all results and levels of intervention, the Program also addresses the following key areas:

Gender: The importance of gender in an effective HIV response in the CAM region is reflected in the conceptualization, development and implementation of all components of the program. A clear understanding of the ways in which gender profoundly influences the experiences, opportunities and health behaviors of both women/girls and men/boys features prominently in this program.

Sustainability: The program increases long-term sustainability by building the capacity of key local NGO partners as well the health system to serve MARPs, to advocate for human rights, laws, and policies that are favorable to addressing the needs of MARPs, and implement and manage HIV programming more effectively.

Coordination and Partnership: The program maximizes project impact by coordinating actively with other agencies working in HIV/AIDS through regular meetings to develop a more rational and integrated strategy and to monitor results and share best practices.

Component 1: Behavior Change Communication (BCC) designed to reduce high risk behaviors and vulnerability to HIV/AIDS transmission including a range of interventions addressing gender norms- male, female, and transgender- as well as understanding the determinants of behavior and developing appropriate communications responses.

- 1 Result 1:** At the individual, family and community level, the Program works to increase the practice of positive health behaviors among MARPs through innovative and evidence-based behavior change techniques, using a mix of interpersonal communications (IPC), mass media, and interactive social media channels.

1.1. HIV/STI tactical prevention teams and sweeping the zone strategy strengthening

During Q1 FY2013, the Program, with the exception of Nicaragua, continued to implement combination prevention activities through HIV/STI tactical prevention teams integrating BCC, Sales, and VCT (PASMO, IPPF or private sector partner) as well as complementary services providers and partners. Specifically,

- Guatemala.

In this reporting period, the Program carried out a workshop with members of HIV tactical prevention teams, including partner NGOs and complementary services partners, and began planning and mapping upcoming sweeping the zone activities to be carried out during the rest of the fiscal year. In November, in order to strengthen relationships, coordination, and planning among tactical team partners, PASMO organized local-level meetings in Puerto Barrios, Livingston and in Coatepeque among NGOs, including Asociación Nuevos Horizontes and Iseri Ibargari, IPPF member association clinics (APROFAM) as well as other biomedical services providers (comprehensive care clinics) and complementary component services providers. Some the shared lessons learned and action plans included the fact that the best time of day to reach men at-risk, such as bus drivers is 7:00 am, and the fact that participation in VCT is increased when testing sites are clearly identified (using posters and signs).

Also, HIV tactical teams in conducted **two** sweeping the zone activities in high-risk zones within the capital city; Zone 4 and “El Guarda” market area, targeting mainly men at-risk. A total of 142 HIV tests with counseling were provided, of which three returned positive.

- El Salvador

During this reporting period, the Program continued to expand partnerships and coordination, which allowed it to conduct **nineteen** sweeping the zone activities at a national level, through HIV tactical prevention teams. The sweeping the zone activities were conducted in coordination with local community leaders and the target populations themselves (such as FSW), in addition to close coordination with the Ministry of Health and local IPPF member association, ADS for the provision of biomedical services in the activities.

As part of actions to strengthen the sweeping the zone activity, the Program provided voluntary accompaniment to MARPs seeking biomedical services at ADS clinics in San Salvador and in Santa Tecla. The Program has received positive feedback from target groups who express that through this service, they make better use of their time.

- Costa Rica

In Q1, the Program strengthened its sweeping the zone activities by diversifying some of the services provided. Under the complementary component, the Program also provided cytology exams and referrals to violence and addiction prevention and care. Additionally, the Program formed alliances with volunteer stylists to provide haircuts during the sweeping the zone activity in the Gerardo Rodríguez Prison; an important service for incarcerated population to supplement combination prevention for HIV services. The Program also worked with Universidad Latina and ASEMBIS to provide additional services such as eye exams and dental services. The sweeping the zone activity in the San Pedro mall with private security guards was a result of contact through the PASMO sales team, and the activity in the Gerardo Rodríguez prison led to a contact for future work at the San Rafael prison. Moreover, the Program held monthly coordination and planning meetings with partner NGOs, consultants and staff in which the results of prior activities are analyzed, targets are reviewed, and actions for upcoming activities are planned.

During this period, Program HIV tactical teams in Costa Rica conducted **four** sweeping the zone activities in which a total of 191 individuals of the target populations received HIV testing and counseling services; four tests returned positive among FSW and men at-risk (private security guards). These sweeping the zone activities took place in the Gerardo Rodríguez prison (targeting incarcerated men), the La Sala NGO offices (targeting FSW), San Pedro Mall (targeting men at-risk / private security personnel), and La Ceiba de Acosta (private security personnel and agricultural workers).

Additionally, in this period, and as requested by the Ministry of Health, the Program expanded its coverage from the city of San José, to also include Guanacaste, Santa Cruz in coordination private laboratories, other USAID partners in health, the Ministry of Health and the Social Security Institute. In this new geographical area, the Program identified NGOs working in the region, developed a plan, and began to target transgendered populations and female sex workers.

- Panama

In order to strengthen the sweeping the zone activity in Panama, the Program focused its efforts in this period on local level coordination between members of HIV tactical prevention teams, including NGOs, with local community level contacts and partners in each high-risk zone where the activities are taking place.



This type of coordination allowed HIV tactical prevention teams to conduct **eleven** sweeping the zone activities, mainly in the Panama City urban area. All the activities targeted MARPs in high-risk zones, with emphasis in construction sites and reaching men at-risk, such as construction workers. To achieve this result, in this period, the Program formed a working alliance with the Construction Workers Union (SUNTRAC in Spanish) which comprises over 90% of Panama's construction workers.

- Belize

The Program in Belize continued to take steps towards strengthening the sweeping the zone strategy. During this reporting period, the Program hired a new Program Manager for PASMO Belize's HIV program, allowing the team to consolidate the sweeping the zone strategy. The Program also conducted a review of current partner NGOs and completed a pre-assessment of new NGOs to begin work in Q2 FY2013 (POWA and Claret Care, and UNIBAM the latter of which will conduct activities with MSM online through the cyber-educator program). Additionally, as part of this review and assessment process, the local IPPF member association, BFLA, now focuses solely on providing biomedical services and no longer implements behavioral interventions. The Program also met with and recruited a new partner to provide complementary services; specifically, the Belize City Community Counseling Center which has counselors and psychologist that will begin to provide support services in upcoming sweeping the zone activities.

As a result of these efforts, during this reporting period, the Program was able to conduct two sweeping the zone activities in Corozal and Punta Gorda, targeting most at-risk populations in these areas. The Program also continued to increase its collaboration with the Ministry of Health (MoH) to provide VCT services at these sweeping the zone activities. This partnership with the MoH has also led to the Program's participation in other HIV prevention activities, such as the Health Fair hosted by the Karl Huesner Memorial Hospital where the MoH provided free HIV testing and counseling services while PASMO outreach staff mobilized individuals on and around the Hospitals compound. At this event, PASMO also hosted a satellite table where outreach staff addressed many sexual reproductive health questions of those who visited the location. As a result of this coordination effort, PASMO Belize was able to mobilize 85 men and women to receive free HIV testing and counseling services. Other organizations and institutions also participated in the activities, including those providing information and services related to diabetes, health and nutrition, eye care, and emergency response.

Mapping of high-risk zones

During the reporting period, the Program continued to use and/or update the census and mapping of high-risk zones where these tactical prevention teams carry out their combination prevention activities. Officially, two overall reviews and updates of profiles are planned for the fiscal year; however, during Q1, the updating process began with the 2012 TRaC studies which required recognition and documentation of high-risk zones.

While many points of sale are already documented in these mapping exercises, HIV tactical teams worked to include additional areas where MARPs congregate and where BCC activities are conducted. One of the challenges faced by teams who conduct the mapping, has been the lack of codified addresses in Costa Rica. To overcome this challenge, local teams have come together to agree upon references and locations and complete mapping documents that are aligned among all team members and NGO partners.

NGOs working under Combination Prevention to provide the minimum package

Also, during this period, the Program reviewed its list of NGO partners conducting combination prevention activities and in some countries, recruited and conducted evaluations with new NGOs, as follows:

Population	Guatemala	El Salvador	Costa Rica	Panamá	Belize
MSM	Nuevos Horizontes	ASPIDH Arco Iris	Staff PASMO	AHMNP	PASMO Belize
	OTrans	Staff PASMO		Grupo Génesis Panamá +	
	Proyecto Vida			Asociación Viviendo Positivamente	
	Gente Feliz (SODEJU FUNDAJU)				
Transgender	Otrans	ASPIDH Arco Iris	Asociación Manu	Grupo Génesis Panamá +	
		Staff PASMO		Asociación Viviendo Positivamente	
				AHMNP	
FSW	Proyecto Vida	Orquideas del Mar	Asociación La Sala	Grupo Génesis Panamá + / AHMNP	PASMO Belize
	Nuevos Horizontes	Flor de Piedra		Asociación Viviendo Positivamente	
	Gente Feliz (SODEJU FUNDAJU)	Staff PASMO			
Men at-risk	Proyecto Vida	Orquideas del Mar	TBD / Consultora	Asociación Viviendo	Progressive Organization of
	Iseri Ibagari	Staff PASMO		Grupo Génesis Panamá +	Sacred Heart Parish/Claret Care (testing only)
	Gente Feliz (SODEJU FUNDAJU)			Fundacion PROBIDSIDA	
	Staff PASMO				
Garífuna	Iseri Ibagari				Progressive Organization of Women in Action (POWA)
	-				Sacred Heart Parish/Claret Care (testing only)
PLHA	Iseri Ibagari	Red Salvadoreña de Personas con VIH (RED SAL+)	Asociación Manu	Grupo Génesis Panamá +	Collaborative Network of Persons with HIV (C-Net+)
	Proyecto Vida	Vision Propositiva		Asociación Viviendo Positivamente	
	Gente Feliz (SODEJU FUNDAJU)	Staff PASMO		PROBIDSIDA	
MSM (online)	Cyber-educador (PASMO)	Cyber-educador (PASMO)	Cyber-educador (PASMO).	Cyber-educador (PASMO)	-
	ALAS* (TBD)	REDSAL	Manu	Grupo Génesis Panamá +	United Belize Advocacy Movement (UniBAM)
	Gente Feliz (SODEJU FUNDAJU)* (TBD)		Fútbol por la Vida* (TBD)		

***Nicaragua:	Vinculos Solidarios
MSM ONLINE	ASONVHISIDA

For more information on partner NGOs and other partners providing combination prevention services under the minimum package, please see Annex III – Regional summary of all minimum package partners and stakeholders

Reaching PLHA with Combination Prevention

In order to reach people living with HIV/AIDS (PLHA) with combination prevention, during this reporting period, the Program began the process of planning and conducting of the 2012 TRaC study with PLHA. This study led to strengthened relationships and coordination with comprehensive care clinics and NGOs working with PLHA, that will allow the Program to continue to expand its reach of activities both in clinical settings and community based settings. For example, in Costa Rica, the Program conducted two adapted sweeping the zone activities with PLHA in Hogar Nuestra Señora de la Esperanza. In these activities, the Program worked with multiple partners including the local NGO, Manu, and REDCA to conduct behavioral interventions including BCC, STI information and education, risk perception activities, condom use activities, as well as complementary component services related to healthy lifestyle and mental health. At both these activities, other services were also provided as part of integral health care, including eye exams and dental services. In Panama, HIV tactical prevention teams conducted monthly activities in comprehensive care clinics and continued to increase coordination with REDCA. In El Salvador, the Program worked with the local member of REDCA (REDSAL), to reach people living with HIV at comprehensive care clinics, as well as to promote the ¿Y Ahora Qué? website and online support groups.

In Q1 FY2013, the Program implemented 3,558 activities with MARPs across the region, through 30,064 contacts, reaching and 21,156 individuals. For Nicaragua, these totals only include MSM and PLHA reached through social media and online channels, as agreed under the new country strategy

Table 2: Total Activities, Contacts and Individuals Q1 FY2013

Target Groups	Guatemala		El Salvador		Nicaragua		Costa Rica		Panama		Belize		Total REGION		% Achieved	
	G-CAP		G-CAP		G-CAP		G-CAP		G-CAP		G-CAP		G-CAP		G-CAP	
	ACT	CON	ACT	CON	ACT	CON	ACT	CON	ACT	CON	ACT	CON	ACT	CON	ACT	CON
MSM	146	880	153	1.438	11	112	146	876	289	2.952	21	130	766	6.388	18%	18%
FSW	26	206	682	5.505	6	58	72	424	179	1.745	22	162	987	8.100	28%	28%
Trans	14	92	43	310	2	20	36	216	12	106	0	0	107	744	20%	18%
Males at Risk	183	1.592	404	3.645	7	68	157	1.245	387	3.729	27	234	1.165	10.513	32%	29%
PLHA	121	749	206	1.920	0	0	55	336	104	955	0	0	486	3.960	9%	9%
Caribbean Pop	36	262	0	0	0	0	0	0	11	97	0	0	47	359	5%	6%
TOTAL...	526	3.781	1.488	12.818	26	258	466	3.097	982	9.584	70	526	3.558	30.064	19%	20%

Table 3: Total Combination Prevention Interventions, Contacts and Individuals by Country and Target Group Q1 FY2013

Target Groups	GUATEMALA			EL SALVADOR			NICARAGUA			COSTA RICA			PANAMA			BELIZE			TOTAL		
	G-CAP			G-CAP			G-CAP			G-CAP			G-CAP			G-CAP			G-CAP		
	Cumulative Results			Cumulative Results			Cumulative Results			Cumulative Results			Cumulative Results			Cumulative Results			Cumulative Results		
	OCT - DEC 12			OCT - DEC 12			OCT - DEC 12			OCT - DEC 12			OCT - DEC 12			OCT - DEC 12			OCT - DEC 12		
	ACT	CON	IND	ACT	CON	IND	ACT	CON	IND	ACT	CON	IND	ACT	CON	IND	ACT	CON	IND	ACT	CON	IND
MSM	146	880	446	153	1.438	1.182	11	112	74	146	876	211	289	2.952	2.650	21	130	115	766	6.388	4.678
FSW	26	206	379	682	5.505	3.869	6	58	33	72	424	364	179	1.745	1.063	22	162	155	987	8.100	5.863
Trans	14	92	71	43	310	242	2	20	19	36	216	91	12	106	99	0	0	0	107	744	522
Men at-risk	183	1.592	1.055	404	3.645	2.786	7	68	45	157	1.245	468	387	3.729	2.875	27	234	232	1.165	10.513	7.461
PLHA	121	749	426	206	1.920	1.119	0	0	0	55	336	151	104	955	783	0	0	0	486	3.960	2.479
Caribbean Pop.	36	262	87	0	0	0	0	0	0	0	0	0	11	97	66	0	0	0	47	359	153
TOTAL...	526	3.781	2.464	1.488	12.818	9.198	26	258	171	466	3.097	1.285	982	9.584	7.536	70	526	502	3.558	30.064	21.156

World AIDS Day

In all Program countries, the Program collaborated with local Ministries of Health and National AIDS Programs to conduct activities such as HIV testing and counseling, marches and rallies, and outreach at informative booths, among others within the context of December 1st – World AIDS Day 2012.

The Program also aligned its messages to the UNAIDS global initiative of “Getting to Zero: zero new HIV infections, zero discrimination, zero AIDS related deaths” and promoted zero discrimination messages under the *Generación Cero* social movement initiative led by PASMO with the participation of multiple local, international, public and private organizations and institutions in each country.

For more information, please see Annex IV – World AIDS Day 2012 Report

1.2 Methodological coaching in Nicaragua.

As of FY2013, in Nicaragua, the Program began to implement a new National HIV Prevention Strategy among USAID partners in health. As part of the new strategy, PASMO focuses its efforts on building the local capacity of NGOs that implement prevention activities in the field. Of the total 17 NGOs selected for this process, 11 will begin to receive bilateral funds in Q2. Therefore, the Program initiated Phase I of the strategy with the 6 NGOs currently receiving funds.

During this reporting period, the Program met with the local bilateral program to review the capacity building activities conducted to date, as well as to coordinate the implementation of the unique identifier code system. One important result of these meetings was the finding that most capacity building efforts with NGOs had concentrated on administration, institutional strengthening, and strategic information. Therefore, the Program determined that its role would be focused primarily on training related to outreach with MARPs, and behavior change communication strategies and methodologies. The Program subsequently developed an assessment tool (see Annex V – Nicaragua Capacity Building Assessment Tool) used to identify the capacity building needs of the NGOs as well as to document the geographical areas in which they work, the composition and trainings needs of their teams, among others.

The tool was applied to the six current NGOs that are receiving bilateral funds; these are IXCHEN, Campaña Costeña contra el Sida de la RAAS, Fundación San Lucas del Rio San Juan, REDTRANS, ADECENIC, and ANIC+ Vida.

As part of Phase I of the methodological coaching process, in November, the Program organized and held a the first Methodological Congress with NGOs, designed to share the behavior change communication theories and methodologies, including those designed by PASMO. As part of the Congress, the PASMO Regional Office presented the evidence and theories behind the methodologies, including the trans-theoretical model for behavior change and other evidence that supports the design of the methodologies. Other key partners under the Program also participated, including local IPPF member association, Profamilia that shared the wide range of biomedical and complementary services it provides in the country for target populations. A total of 30 representatives from 6 NGOs participated in the event.

As a result of the event, participating NGOs selected the methodologies they are to implement in the field as of Q2, and the Program began to plan the one-week training to reinforce communication strategies and BCC methodologies.

1.3 Combination Prevention Methodologies and Materials

Methodologies

During the reporting period, the Program continued to implement current behavior change communication methodologies. Positive feedback was received from local offices in response to the “Decisiones” picture code methodology for transgendered populations that was launched in the field during this period. In Panama, a training session with the NGOs what began implementing this methodology, was held to strengthen their knowledge and skills to conduct outreach with transgendered populations using this methodology. Specifically, local teams reported positive response and identification with this methodology that is tailored to the population’s needs.

Additionally, the Program took steps to complete the development and begin implementation of **three** methodologies that were initiated in FY2012: 1) multiple session discussion methodology for transgendered populations, 2) multiple session discussion methodology for female sex workers, and 3) picture code methodology for female sex workers; these will be completed and launched in the field in Q2 as planned.

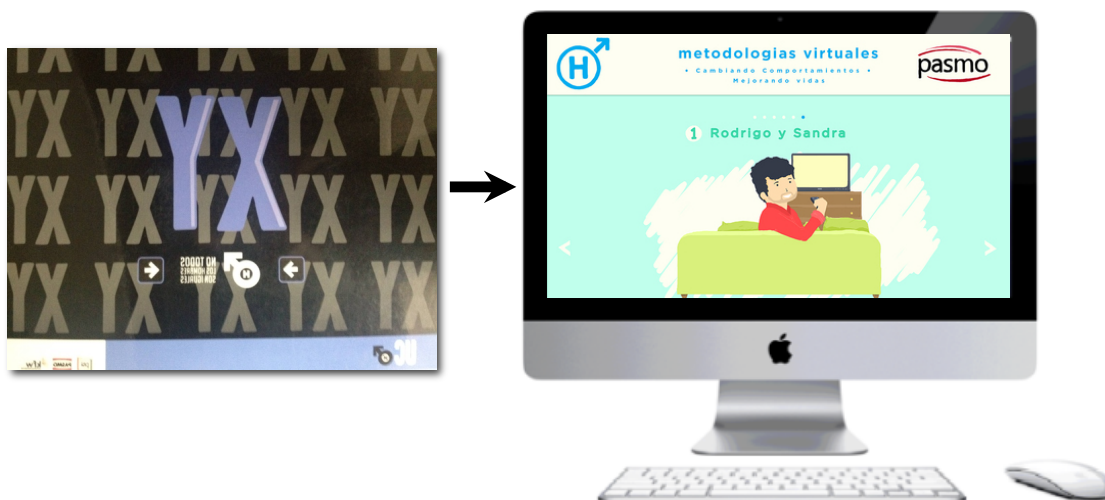
Additionally, the Program began to develop new/adapted methodologies as follows:

Methodology for PLHA developed in coordination with REDCA

During Q1, the Program contacted REDCA at regional level to begin the process of coordinating the design of a methodology specifically adjusted to the needs of PLHA in Central America. Part of the purpose of the work with REDCA is to ensure that the materials that are developed under the Program complement current efforts and do not duplicate existing methodologies or materials.

MSM methodology adapted for online outreach

As part of efforts to continue reaching MSM through online channels, during Q1, the Program began the adaptation of the “XY” incomplete drama methodology for online use. As a first step, the program used the existing illustrations and refreshed the design and graphic line to an adapted online platform and audience. Additionally, the Program began to design the online platform and structure of the methodology, including the tracking system through the UIC and a code that will be assigned to each cyber-educator as a way to track referrals to the methodology. The development of the cyber-educator code is linked to the “gamification” strategy described in subsequent sections.



Materials

During Q1, the Program began the process of developing and/or adapting print materials designed to address the specific needs of the different target groups. In this reporting period, the Program began the process of developing content for print material under the behavioral component (road-map to achieve healthy behaviors), biomedical component (STI critical path material for outreach workers and other VCT materials), and the complementary component (materials related to drug-use and gender-based violence).

Additionally, as part of the new phase of the masculinities campaign that incorporates the perspective of women, the Program completed the redesign of the masculinities test in order to align the material to the new graphic line.

1.4 Cyber-Educators:

In this reporting period, Program cyber-educators continued to implement behavior change communication and combination prevention activities through online channels targeting MSM.

In Guatemala, the Program adjusted the schedule and time for online activities in order to reach MSM in a better time frame. The cyber-educator used mainly MSM chat rooms and websites, including chat.com and gayguatemala.com, with increased participation. Moreover, the online voucher system was used and local IPPF affiliate, APROFAM, reported receiving visits from people who had downloaded their vouchers for biomedical services. The Program cyber-educator also participated in the “sweeping the zone” activities conducted during this period.

In El Salvador, the Program also continued to adapt its schedules and times to better attend the needs of the MSM population who uses online channels. As part of the lessons learned, the team has begun varying times and schedules in order to reach different people who connect in different timeframes. Also, during this period, the two cyber-educators received positive feedback from MSM who participated in online outreach, including their preference for this form of confidential communication.

In Nicaragua and Costa Rica, there were changes in staff with cyber-educators, for which the Program recruited and selected one new cyber-educator, per country, who will begin implementing online outreach with MSM during Q2.

In Panamá, cyber-educators have been most effective in reaching MSM through latinchat.com where online vouchers have been successfully sent and downloaded by targeted populations. The cyber-educator also participated in “sweeping the zone activities”.

In Belize, the Program pre-assessed and recruited two NGOs to begin implementing online outreach activities (CNet and UNIBAM).

Moreover, in all Program countries, teams assessed and recruited one or two NGOs to conduct online activities as part of the cyber-educator program. For more information, see Annex III – Regional summary of all minimum package partners and stakeholders.

In this period, the Program also began to design a gamification strategy that involves linking educational programs for educators with a cyber points program where both cyber educators and users receive points for different tasks given for participation in the education program. Levels and points are linked to an awards program where benefits and goals achieved can reward users with non-monetary or digital prizes. The Program is directly incorporating this strategy and its components into the new online MSM methodology (“XY” for MSM online), and the first element of the strategy will be launched during the regional cyber-educators workshop to be held in Guatemala in Q2. Additionally, the Program advanced with the general agenda for the workshop, dates and locations, as well as other logistical planning matters for the event. Some of the topics to be covered in the workshop include, the new online methodology, key elements in communicating through social media, monitoring and evaluation, country experiences, behavior change theory and exercises, among others.

1.5 Virtual self-help groups for PLHA

In Q1, the Program continued to implement virtual self-help for people living with HIV/AIDS through the ¿Y Ahora Qué? website.

Additionally, the Program continued implement the communication and promotion strategy for the website and virtual groups as follows:

Guatemala. The Program continued to promote the site and groups at comprehensive care clinics for PLHA through print materials, such as posters, and face-to-face communication with PLHA and medical staff. The Program cyber-educator also participated in sweeping the zone activities to help promote the site.

El Salvador. The Program used banners and print material as well. Additionally the Program worked with REDSAL, the local network for PLHA, to promote and communicate the website among the target population as well as medical staff at comprehensive care clinics and other clinical settings.



Nicaragua. The Program presented the website and online groups to NGOs during the Methodological Congress, and also by distributing print materials. The Program also recruited two NGO to conduct activities online with PLHA and MSM.

Costa Rica. The Program also distributed print materials, such as the posters, in clinical settings, and in field activities.

Panama. The Program worked with the National AIDS Program to distribute and place the website and virtual groups posters in the 15 comprehensive care clinics throughout the country.

Belize. The Program pre-assed and recruited two new NGOs to conduct activities online; specifically, CNet will be conducting outreach with PLHA. The Program additionally developed pill dispensers to promote the website that will be distributed through CNet.

1.6 Strengthen and systematize quality control for BCC/VCT activities

Unique Identifier Code (UIC) system

In this period, the Program continued to use a Unique Identifier Code (UIC) and voucher referral system as part of efforts to strengthen and systematize quality control of Program activities. Throughout the region, local HIV tactical prevention teams increased their knowledge and skills to use the UIC to expand their monitoring and evaluation activities, specifically by analyzing UIC data and conducting cross analysis for improved programing, planning and implementation of combination prevention activities.

Additionally, as of Q1, the Program's Management Information System (MIS), entitled SAM – System of Applied Monitoring, now has all its modules completed, which allows the Program to track each individual's access to BCC activities, VCT, diagnosis of STIs, and referrals to complementary services. As of this quarter, SAM also allows the Program to track whether individuals also accessed the complementary services they were referred to.

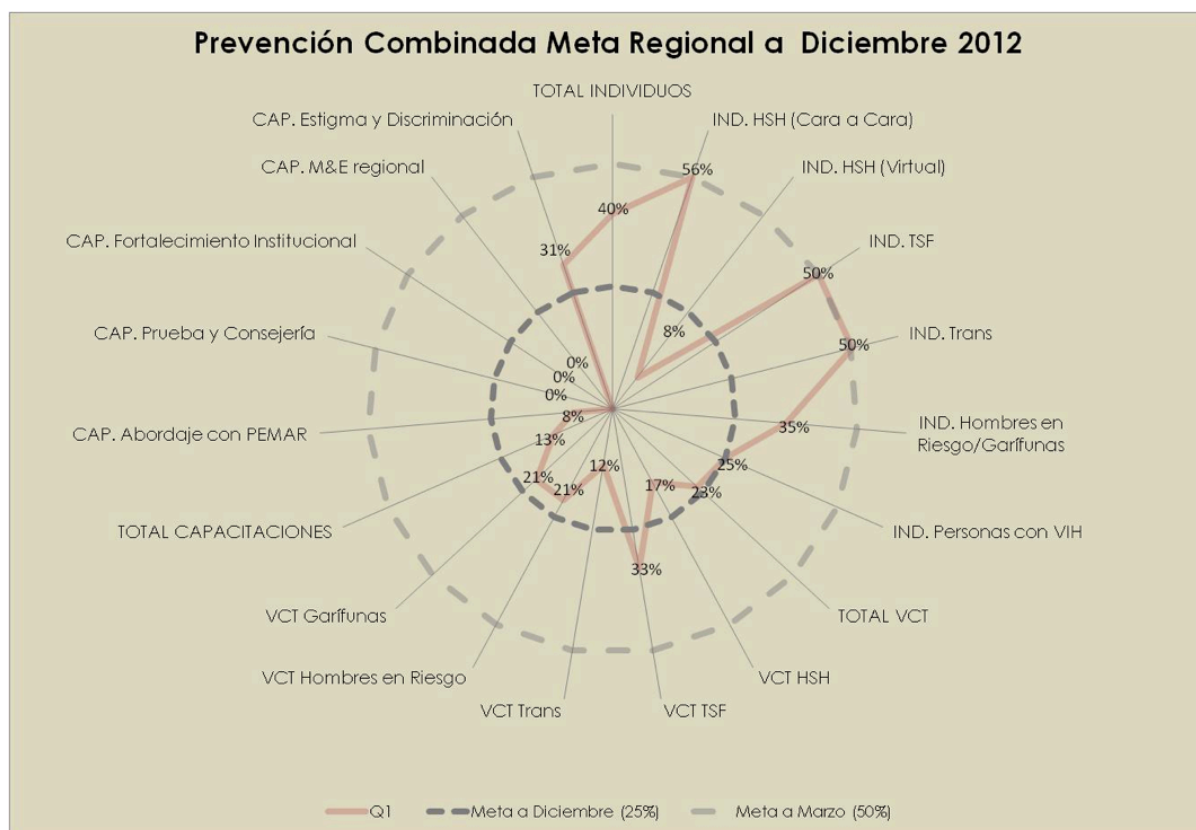
Ongoing quality control for Program activities and work with NGOs

During this reporting period, in several countries, HIV tactical prevention teams, including NGO partners, met to review and analyze the results of FY2012 against Program targets, as well as the plan FY2013 activities. For example, these meetings were held in Panama and Costa Rica. Additionally, all Program countries began the process of planning upcoming trainings and local-level quality control meetings involving field-level staff from PASMO, NGOs, IPPF Member Associations, and other key partners such complementary component services providers, among others. These trainings and meetings will encourage the systematic tracking of Program results and the development of shared strategies and actions to reach those results.

Particularly, in Costa Rica, a team member was promoted to supervisor in order to strengthen the quality control activities of the Program in this country. The team also began a training process with the local NGO, La Sala, which is design to strengthen their local capacity in the use of technology and data analysis for improved program, through a series of 8 sessions that began in this period and will continue throughout Q2. In Belize, a new Program Manager was recruited and trained in December on topics including UIC, monitoring and quality control. The local team in Belize also participated in a training session on SAM, UIC and data analysis.

Lastly, in Nicaragua, given the new National Prevention Strategy, the Program worked with the bilateral program to conduct regular meetings on monitoring and evaluation of activities, including the use of the UIC system. As of Q2, the Program will conduct intensive training and coaching with the local NGOs.

As part of quality control efforts, the Program develops a monthly monitoring dashboard of Combination Prevention activities and results. The results for the Q1 FY2013 are as follows:



1.7 Strategic Media

1.7.1 Expanding condom category campaigns

As part of the process to update and refresh the *¿Tienes? Pídelo* campaign print and POP materials with availability, and condom/lubricant-use messages, during this reporting period, the Program updated its catalogue of materials to assess the needs of each country in the implementation of this campaign. This catalogue and the review of its contents at a local level will be used to determine which materials require updating or refreshment.

1.7.2 Expanding the Hombres de Verdad campaign

In Q1, all Program countries held public launch events for the second phase of the masculinities campaign that incorporates the perspective of women. In these events, the Program also disseminated the results of the research that was used as input for this new phase of the campaign. The events used a concept that allowed participants to interact with the different masculinities profiles in a gallery setting where male volunteers embodied each profile and women volunteers or PASMO staff explained the behavior and motivation behind the actions of each male profile. Launch events and other related activities were held as follows:

Guatemala. The launch event for the campaign and accompanying research was held on October 2nd, and included the participation of partner NGOs, stakeholders, representatives from the National AIDS Program and representatives from international cooperating agencies such as UNAIDS and UNFPA. The Program also met privately with the Director and high-level team of the National AIDS Program to present the research behind the campaign as well as the campaign spots and communication elements. Additionally, in November, the Ministry of Health organized National HIV Testing week and requested from the Program the masculinities campaign TV spots that address HIV testing and counseling.

El Salvador. The launch event included the participation of National AIDS Program / Ministry of Health officials, NGO partners, and key stakeholders. Additionally, the youth musical group entitled Los REDD served as volunteer participants for the male profiles during the interactive “gallery” portion of the event. Extensive media coverage was received. The Program aired the campaign with support of bilateral funds, as well.



Nicaragua. The launch event in Nicaragua was attended by approximately 75 persons, including representatives from NGOs and civil society, the National AIDS Commission, the Global Fund, Peace Corps, USAID and other USAID partners in health, Cuerpo Médico Militar, and the NICASALUD network of organizations. Also, 13 media outlets participated in the activity and provided coverage of the research findings and campaign objectives. As a result of media coverage and contacts generated in Nicaragua, the Program was invited to participate in a live, satellite interview on CNN en Español Internacional. CNN interviewed the regional qualitative researcher who discussed the study findings which led to the production of the second phase of the campaign. After the launch event, the Program also provided the campaign spots to CEPS, an NGO working in free-trade zones, in order to broaden the reach and coverage of the messages.

<http://www.confidencial.com.ni/articulo/8563/que-los-hombres-se-protejan-contr-el-vih>

Costa Rica. The launch event in Costa Rica included the participation of more than 50 people, including Ministry of Health, Ministry of Interior, The Justice Department, Ministry of Education, partner NGOs and media outlets. In a private activity, the Program also presented the research and campaign to the National AIDS Commission and Vice Minister of Health. With the material used at the launch event, the Program also visited the government offices and installations that participated in the event to conduct a “tour” and present the campaign to a broader audience.

Panama. The Program launched the campaign and research in an event that included the participation of the National AIDS Program, partner NGOs, civil society representatives, international agencies, USAID partners in health, as well as media outlets. Additionally, other interview opportunities were generated, including a radio interview on radio Panamá, where the regional BCC specialist provided information on the research and campaign to a broader audience.



Belize. The interactive launch event was attended by over 30 representatives from civil society organization, government departments, UN agencies, and other National Response partners including: Alliance Against AIDS (AAA), Belize Family Life Association (BFLA), Kolbe Foundation, Ministry of Education, Belize Labour Department, Ministry of Health, UNAIDS, UNFPA, PASCA, University of Belize, and National AIDS Commission, among others. Media coverage was garnered from three major news outlets.

The campaign was on air during this period, mostly on regional cable television and in social media channels. Specifically, in Q1, the Program worked extensively to revamp the entire www.mizonah.com website and create content for “viral” sharing of messages through the Facebook Fan Page. The update of the website included aligning the graphic line to the new phase of the campaign, and the information on the site was streamlined, updated and converted into infographics for easier comprehension and sharing in social media. Additionally, the Program placed online advertising in this period to promote the website and Fan Page, allowing for a dramatic growth in fans and interaction related to masculinities and health. For more information of social media and online communication for the campaign, see Social Media and Websites section below.

1.7.4 Social Media, including mobile phone technology and social networks.

In order to continue the process of creating “buzz” about healthy behaviors and change social norms, the Program continued to implement its regional social media and SMS strategy.

Social Media and Websites

In this reporting period, the Program implemented its strategy using a three-level calendar and update system that includes key dates and content curation.

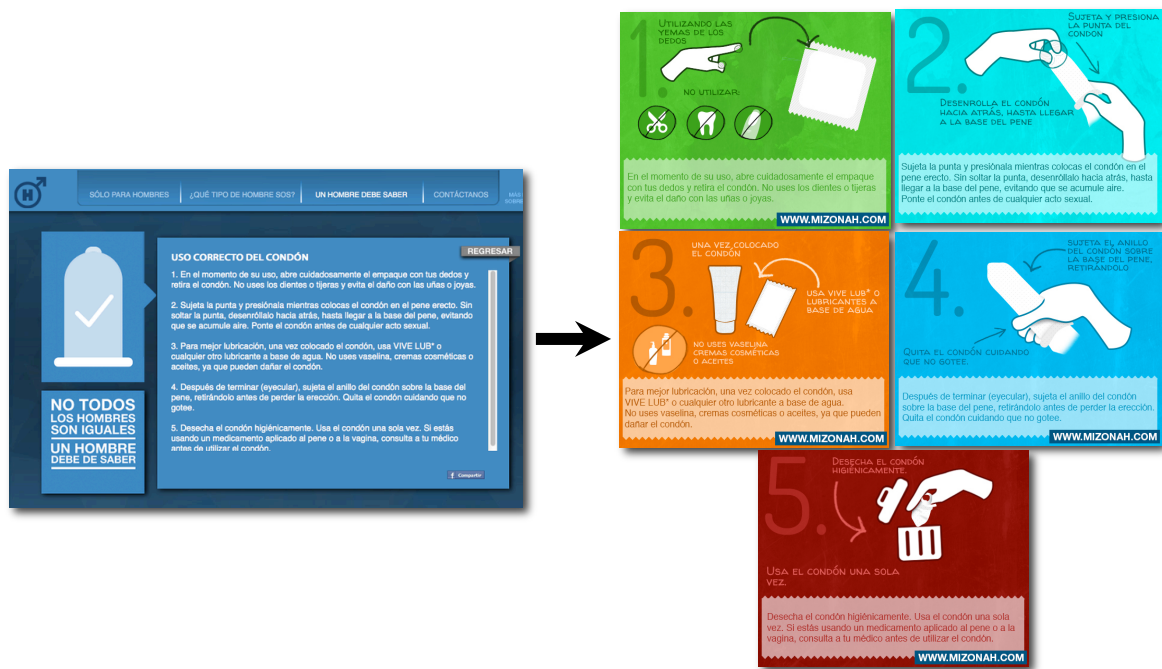
First level: messages, post and articles following key dates

During Q1, the Program systematically uploaded messages, posts and articles within the Mi Zona H and Y Ahora Que Fan Pages in Facebook and Websites in accordance with key dates that took place in this three-month period, as follows:

Mes:	Fecha:	Conmemoración:	Fan Page o Sitio Web:	Tipo de Post:
OCTUBRE 2012	10 de Octubre	Día Mundial de la Salud Mental	• Mi Zona H / Fan Page	• Nota Informativa
			• Y Ahora Qué / Web	• Nota Informativa
	31 de Octubre	Halloween	• Mi Zona H / Fan Page	• Timeline
NOVIEMBRE 2012	19 de Noviembre	Día Internacional del Hombre	• Mi Zona H / Fan Page	• Timeline • Postal • Post Dinámicos
			• Mi Zona H / Web	• Nota Informativa
	25 de Noviembre	Día Internacional de la Eliminación de la violencia contra las Mujeres	• Mi Zona H/ Fan Page	• Timeline Dinámico • Postal
DICIEMBRE 2012	1 de Diciembre	Día Mundial de la Lucha contra el Sida	• Mi Zona H / Fan Page	• Timeline • Postal
			• Y Ahora Que / Fan Page	• Timeline • Postal • Videos • Notas Informativas • Datos Curiosos
			• Ahora Que / Web	• Preguntas Frecuentes • Nota Informativa • Cambio de Banner
	10 de Diciembre	Día de los Derechos Humanos	• Y Ahora Qué / Fan Page	• Notas Informativas

Second level: updates of website content or sections

Also, in this period, the Program updated the Mi Zona H and Y Ahora Que Fan Pages and websites on a level that includes updates to website content and sections. For example, the Program began to translate the text within both websites into infographic form. This facilitates the communication of key prevention and health messages as well as enables the sharing of content through social media channels.



Third level: new and refreshed site design

At a third level, the Program conducted a complete redesign of the Mi Zona H website to align it to the second phase of the campaign. The content of the website was also streamlined and refreshed.



As a result of these efforts that were carried out under the strategy, the number of visits to the websites, fans in Facebook and followers on Twitter continued to grow, as well as increased participation and sharing. The overall results are:



It is important to note, that in an effort to increase visits to the ¿Y Ahora Que? fan page in Facebook, the program opened a new account in Facebook and began to migrate fans and followers to the new, and easier to locate, URL (www.facebook.com/yahoraque.ca).

Mobile phone initiatives / SMS technology

In this reporting period, the Program completed the development of content for the two interactive SMS “soap operas” for female sex workers and transgendered populations. The Program also began the process of validating the content of the messages, including draft promotional material (such as posters). The synopsis and scripts of the SMS “soap operas” are attached in Annex VI - Short Message System (SMS) “soap opera” for FSW and Transgender population script and synopsis

Component 2: Address Structural Approaches to enable cultural changes in social norms, reduction of myths and stigma and discrimination related to sexual orientation, occupation and serostatus; addressing social, cultural, organizational, community, and economic factors that increase the vulnerability of MARPs. The structural approaches to HIV prevention seek to change social, economic, political, or environmental factors determining HIV risk and vulnerability. In particular, societal norms that lead to *homophobia* and *homophobic behaviors* are given greater attention and emphasis under the Program.

2. Result 2: Increased effective interventions implemented to decrease hostility in social environments that foment and tolerate homophobia and stigma and discrimination attitudes related to sexual orientation, occupation or status.

2.1. Institutionalization of anti-stigma and discrimination practices in service delivery points

During the reporting period, the Program continued its efforts to institutionalize anti-stigma and discrimination practices in services delivery points. Specifically,

Complete the development of curricula and regional training manual for services providers on stigma and discrimination.

During the first quarter of the fiscal year, the Program planned to conduct the validation workshops of the stigma and discrimination training manual for services providers, specifically modules 3) for first line attendants, such as administrative staff, security, receptionists, cleaning staff, etc.; and, 4) for persons most at-risk for HIV.

For module 3 (first line attendants), the workshop was designed to reach the following objectives:

- Address knowledge of this group on STIs and HIV/AIDS
- Identify strategies to reduce stigma and discrimination towards MARPs to be applied in service-provision settings at this level
- Identify the role of participants in multidisciplinary groups that improve service provision
- Analyze the strengths, weaknesses and strategies to reduce stigma and discrimination, and
- Develop concrete action plans.

For module 4 (most at-risk populations), workshop objectives were as follows:

- Discuss the concept of self identification and how this impacts work in HIV
- Discuss the important of including target populations in the decision making process with relation to HIV prevention and health
- Analyze the dynamic of stigma and discrimination and their impact in services provision towards MARPs
- Review the importance of identifying one's health care needs.
- Encouraging a role of MAPRs in multidisciplinary groups in charge of attending health needs.

Both validation workshops were scheduled for December; however, given World AIDS Day activities and others, the workshops were rescheduled for early Q2. In the meantime, the Program began the process of final content and design of the manual for completion in Q2. The final content for the manual is in Annex X - Stigma and Discrimination Training Manual for Services Providers.

Quality assurance visits to service delivery points

In order to ensure the quality of services provided to MARPs at IPPF service delivery points, during the reporting period IPPF member associations in Panama, Nicaragua, El Salvador, Guatemala and Costa Rica developed work plans as a direct follow-up to the workshop on sexual history taking held in September 2012. These work plans indicate how the MAs will provide further sensitization to staff on history taking with MARPs throughout the rest of the fiscal year.

Training of counselors and community workers

The Program trained a total of **56** health care workers, including counselors, community workers in outreach with MARPs and testing and counseling at IPPF Member Associations, NGOs, and private sector health care providers in the provision of MARP-friendly services, free of stigma and discrimination, in Panama and Nicaragua. For more information, please see Annex I – ROPs Report Q1 FY2013.

2.2 Social Movement against Stigma and Discrimination

To build upon the development of a broader communications initiative framed around the process of a social movement, and through the coordination and participation of local and multi-sector technical working groups on stigma and discrimination in each Program country. Additionally, the name, logo and slogan for the social movement initiative, entitled “Generación Cero – yo me apunto”, was validated by these technical working groups in all Program countries, except Belize. The Program also provided support in developing an informative one-page summary, or profile, with details on the initiative, which was reproduced and disseminated in Program countries.



During Q1 FY2013, the Program conducted the following activities under the “Generación Cero” concept:

- Guatemala. The Program, in participation with the technical working group, provided support in the organization and implementation of a National Forum on Stigma and Discrimination. Forum panelists included the Director of the President’s Commission to end Discrimination and Racism; the Director of OTrans, an NGO working with the Transgender community in Guatemala; a representative from UNAIDS who presented statistics on stigma and discrimination towards people living with HIV; a prominent journalist and university professor who discussed the role of media in generating stigma and discrimination; and a Sexologist who discussed the impact of stigma and discrimination on the Gay/Lesbian/Bisexual/Transgender/Intersex (GLBTI) community in Guatemala. PASMO, who is a member of a multi-sector technical working group on stigma and discrimination, provided support in presenting a regional anti-stigma and discrimination initiative known as “Generación Cero – Yo me apunto”, which seeks to contribute to UNAIDS global initiative “Getting to Zero”, specifically getting to zero discrimination. A total of 70 people participated in the Forum, in addition to multiple media outlets.
- El Salvador. The Program, as part of the technical working group, decided to position the “Generación Cero” and zero discrimination concept as part of World AIDS Day. As a result of the participation of the National AIDS Program in the working group, during acts held on World AIDS Day, the Minister of Health included “Generación Cero” in her official declarations and the Program was invited to describe the initiative and its objectives on the official panel. “Generación Cero” was also positioned and promoted during the World AIDS Day rally and media coverage was received from TV channels 12, 21, 10 and 8.

- Nicaragua. The Program continued to participate actively in the local technical working group by coordinating meetings and providing follow-up, guidance and technical support. For Q2, the Program expects to promote wider scale activities that will position the “Generación Cero” concept.
- Costa Rica. In follow-up to the silent rally to position the social movement in late September, the Program continued to participate in the local technical working group and led the processes of developing three video-testimonials that document the experience of some of the participants in the silent rally. These videos were filmed, edited and disseminated in social media channels during this period, and were also shared during World AIDS Day events in order to position the topic of “zero discrimination”. Moreover, the technical working group led the process of including “Generación Cero” in other World AIDS Day events, including an informative booth, banners, promotional items, information and social media support to communicate the objectives of the initiative.
- Panama. During this period, the Program continued to actively participate in the local technical working group, which began to plan upcoming activities designed to position Generación Cero and its objectives. An important participation was planned for World AIDS Day; however, all activities were suspended on a national level give widespread flooding and repercussions from natural disasters.
- Belize. In November, the Program led the formation of the technical working group in Belize which held its first meeting. Participants included the National AIDS Commission, UNIBAM, CNet, and PASMO. As a first action, the technical working group analyzed the Generación Cero initiative to find ways to adapt it to the local context of Belize. Additionally, the Program completed and disseminated research on stigma and discrimination in Belize that will serve as input for the adaptation of the social movement for the local context.

Social Media communication for “Generación Cero”

In order to provide regional support to the local technical working groups in communicating anti-stigma and discrimination messages through social media channels, the Program provided support in developing a social media strategy focused on “viral” communication through Facebook, Twitter, the recruitment of online opinion leaders, the development of applications and community mobilization activities linked to social media. In this period, the Program completed a strategy document that was shared with local technical working groups and local Program teams, and began to implement several initiatives. For more information, See Annex VII – Generación Cero Social Media Strategy

As part of this strategy, the Program opened a Fan Page and Twitter accounts (www.facebook.com/generacioncero.yomeapunto), and began to share key messages, posts, articles and publications, guided by key dates. For example, the Program commemorated December 10th, International Human Rights Day by using the days leading up to December 10th to spread messages of respect and inclusion. Other key dates types of messages are as follows:

Mes:	Fecha:	Conmemoración:	Tipo de Post:
NOVIEMBRE 2012	16 de Noviembre	Día Internacional para la Tolerancia	<ul style="list-style-type: none"> • Timeline • Postal • Notas Informativas
	20 de Noviembre	Día de la Transexualidad	<ul style="list-style-type: none"> • Timeline • Postal •
DICIEMBRE 2012	1 de Diciembre	Día Mundial de la Lucha contra el Sida	<ul style="list-style-type: none"> • Timeline • Postal • Videos • Notas Informativas
	10 de Diciembre	Día de los Derechos Humanos	<ul style="list-style-type: none"> • Timeline • Postal • Notas Informativas



As a result of these social media efforts, the Program was able to achieve the following results in a short period of time since the Generación Cero social movement concept was launched:



2.3 Work with Journalists and Decision Makers

To help achieve a change in discriminatory and stigmatizing perceptions, attitudes and behaviors towards MARPS, the Program continued to implement its regional strategy to reach journalists and decision makers to help generate dialogue, build, and manage constructive long-term relationships with these stakeholders. As part of this strategy, the Program carried out two national level workshops with journalists and field reporters as follows:

Costa Rica. On November 20th and 21st, the Program conducted a two-day training on stigma and discrimination-free communication and journalism in Costa Rica. A total of 15 participants engaged in sensitization and training sessions that covered topics ranging from gender, homophobia, the stigmatization of the HIV epidemic, among others, tailored and designed for people working in communication and media. Some adjustments were made to the contents of the workshop given that most participants were communication specialists at NGOs and international agencies, as opposed to field reporters. As a result, the Program began talks with the Ministry of Health to evaluate the repetition of the workshop, but with increased participation of field reporters only and by invitation of the MoH.



Panama. On November 22nd and 23rd, the Program conducted a two-day sensitization workshop and training on stigma and discrimination related to HIV and journalism. A total of 17 journalists working in radio, television, print and online media outlets participated in the workshop in addition to a representative from the National AIDS Program in Panama who presented up to date statistics on the HIV epidemic in the country. Training sessions covered topics ranging from gender, homophobia, the stigmatization of the HIV epidemic, among others, tailored and designed for people working in the field of journalism.

El Salvador. In follow-up to the national level workshop held in FY2012, during this period the Program conducted sensitization sessions with multiple media outlets, especially those outside the capital city, with a total of 86 participants (72 men and 14 women) representing the media outlets in the table below:

Nombre del medio	Hombres	Mujeres	Total
Do re mix Radio (Santa Ana)	7	2	9
Radio RX (San Miguel)	8	1	9
Radio YXY, La mejor FM, Club (San Salvador)	12	2	14
Radio Eco. Cool FM (San Salvador)	20	3	23
FM Globo (San Salvador)	5	3	8
FM Monumental (San Salvador)	11		11
TVO Canal 23 (San Miguel)	9	3	12
Total	72	14	86

The sensitization sessions covered topics ranging from populations most at-risk for HIV, the importance of the media in forming public opinion, the origin and consequences of stigma and discrimination, correct terminology, and a proposed process of “learning, unlearning and relearning”. It is also important to note that these sessions were conducted with the support of the high-level directors of the media outlets.

With the support of its regional PR Agency the Program also received the electronic monitoring of online news and reporting. To provide support in the analysis of the monitoring, the Program also began the process of assessing and recruiting part-time consultants in each Program country to support Result 2 efforts with journalists and the Generación Cero social movement. In Costa Rica and Panama, consultants were hired in this period and provided support in the implementation of the two national-level workshops. In Belize, the Program participated in a workshop led by CNet to sensitize journalists and reduce stigma and discrimination towards PLHA and other at-risk groups.

Component 3: Expanding access and use of prevention services, in particular those provided by private sector by improving the distribution of condoms and lubricants, availability and access to VCT and STI diagnosis and treatment, and referrals for PLHA requiring care and support services

Result 3: Increased access by MARPs to a minimum package of essential prevention and health services, emphasizing in the involvement of private health providers.

3.1 Improving condom and lubricant distribution.

In an effort to continue improving the distribution and availability of condoms and water-based lubricant in high-risk zones, the Program continued to implement its high-risk zone (HRZ) sales strategy, ¿Tienes? Pídelo Plus. Specifically,

Guatemala. The Program hired an independent sales staff, which has helped increase the frequency of visits to non-traditional outlet vendors. Sales staff also participated in sweeping the zone activities, as part of the integrated HIV tactical prevention teams. Additionally, the merchandising team implemented BTL activities such as “Seguridad Vive”, to promote correct and consistent condom use among MARPs. Also, the Program’s HIV tactical prevention team also continued to place existing POP material in high-risk zones.

El Salvador. As part of the strategy, the Program conducted a series of BTL activities including visits to high-risk outlets such as motels, to place POP materials and conduct promotional activities. Additionally, the Program participated in the San Miguel carnival with condom promotion, ¿Tienes? Pídelo print materials and other BTL activities. In high-risk zones, sales staff as part of HIV tactical prevention teams printed and placed existing POP materials, posters and banners.

Nicaragua. The Program developed, presented and began implementing an action plan for FY2013 under the HRZ sales strategy. One of the first activities under the action plan was the recruitment and training of NGO staff to create a junior-level team to promote the opening of new non-traditional outlets in high-risk zones in their NGO's geographical areas of coverage. The Program's sales teams also provided accompaniment to private sector distributors and supervised the junior level promoters.

Costa Rica. The Program worked through local NGOs to open new outlets in high-risk zones. The Program also began to negotiate with the penitentiary system to include condom sales in prison shops. The Program developed non-monetary incentives with NGOs and worked to open new non-traditional outlets in market areas of San Jose. Additionally, HIV tactical prevention teams have identified dynamic product behavior in the condom category in all channels in Costa Rica. For example, certain brands have been introduced at a low price and then retired after making an impact, thus not affecting established brands in the long term. Other well-known brands, such as Durex and Masculan, have been conducting promotional pricing strategies.

Panama. Throughout the quarter, the Program continued to work with partner NGOs and through HIV tactical prevention teams to increase the availability of condoms in high-risk zones. The Program conducted a short training session with NGOs on the HRZ sales strategy and condom distribution. Additionally, ongoing strategy activities were conducted such as in the area of Calidonia, Panamá City, a high-risk zone that concentrates establishments such as brothels, bards, nightclubs and motels, in addition to pharmacies. PASMO staff visited the establishments and engaged the owners in topics related to HIV prevention and the importance of available, accessible and visible condoms at these locations. PASMO teams also provided POP and print material related to the *¿Tienes? Pídelo* Campaign, a generic (non-branded) campaign that promotes correct and consistent condom use as a form of prevention as well as condom availability in high-risk zones. A key output of the activity was the recruitment of a new non-traditional outlet in this area, a local bar, which now also ensures the availability of condoms at the establishment.

These, and other ongoing efforts to increase the availability of condoms and lubricants in high risk and non-traditional outlets allowed the Program to open new non-traditional outlets, as follows:

Country	Non-Traditional	High Risk
Guatemala	8	2
El Salvador	0	1
Nicaragua	0	2
Costa Rica	3	7
Panama	2	13
Total	13	25

National Condom Strategy

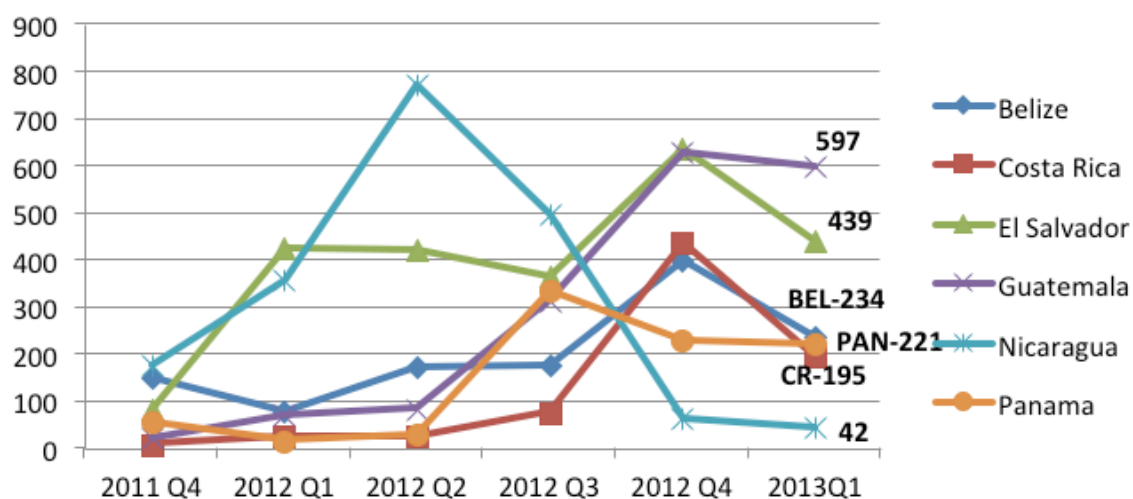
A key component in increasing the overall coverage, availability and access of condoms is the National Condom Strategy. In Q1, the Program continued to provide follow up to the National Condom Strategy process in hand with UNFPA, which is also working with local National AIDS Programs for advancing the process at a regional level. Although the National Condom Strategy process in each country showed little progress, in Guatemala the strategy document was reviewed, updated and shared with the strategy's working group. As a next step, the working group will present this completed document to the National Contraceptives Availability Commission (CNAA, in Spanish) for the creation of a subcommittee that can provide institutional follow-up for the implementation of the strategy. In Costa Rica, the National AIDS Commission conformed its committee and a first workshop was held to define objectives and outline next steps at a national-level to move forward with the strategy.

3.2. Improving access to MARP-friendly services

Increasing access to friendly services through IPPF member associations

IPPF/WHR Member Associations (MAs) continued to provide access to an essential package of services for most-at-risk populations over the first quarter of FY2013. The number of individuals who received HIV VCT services and their test results in the region, decreased from the previous quarter – from 2,387 (Q4 FY2012) to 1,728 (Q1 FY2013), a level that is similar to the third quarter of FY2012. (Graph 1 below shows trends in HIV VCT service provision by country.) Decreases can be attributed to fewer “sweeping the zone” activities in some countries, as well as a slowdown in operations around the end-of-year holidays.

Graph 1: Number of clients who received VCT services and received their test results (IPPF/WHR MAs)



In addition, IPPF/WHO MAs also provided the following services over the last quarter of the fiscal year:

- 502 syphilis diagnostic tests (APROFAM/Guatemala)
- 286 STI consultations (ADS/El Salvador, APROFAM/Guatemala, APLAFA/Panama and BFLA/Belize). The volume of STI services provided to MARPs remains low, with numbers varying from 6 STI consultations in Panama to 232 STI consultations in Guatemala. Differentiated strategies for the promotion of STI services may be necessary to boost STI service coverage for key populations.
- 25 family planning counseling sessions (BFLA/Belize)
- 7 pap smears (BFLA/Belize and APLAFA/Panama)

Private sector engagement

As part of efforts to expand the number of MARP-friendly services outlets, particularly among the private sector, during Q1 and in El Salvador, the Program provided follow-up to training sessions conducted with private sector laboratories in FY2012 by continuing to work through the Ministry of Health and *Junta de Vigilancia*, to identify new training opportunities. All other Program countries used this period to plan upcoming activities to increase the engagement of private sector laboratories for expanded access to MARP-friendly services.

3.3. Conducting Mobile VCT

In order to increase access to VCT/STI services among MARPs, the Program continued to implement a mobile VCT approach that includes references for STI diagnosis and treatment in all Program countries except for Costa Rica and Nicaragua. During Q1, the Program conducted the following number of VCT services in the region:

Table 4: VCT Activities Q1 FY2013

Target Groups	Guatemala			El Salvador			Nicaragua			Costa Rica			Panama			Belize			TOTAL		
	VCT																				
	Tests	+	Prev	Tests	+	Prev	Tests	+	Prev	Tests	+	Prev	Tests	+	Prev	Tests	+	Prev	Tests	+	Prev
MSM	122	0	0,0%	76	1	1,3%	41	0	0,0%	0	0	0,0%	254	6	2,4%	17	0	0,0%	510	7	1,4%
FSW	283	6	2,1%	519	3	0,6%	76	1	1,3%	37	2	5,4%	447	4	0,9%	79	0	0,0%	1.441	16	1,1%
Males at Risk	604	6	1,0%	188	0	0,0%	55	1	1,8%	151	2	1,3%	585	5	0,9%	151	1	0,7%	1.734	15	0,9%
Trans	4	1	25,0%	13	0	0,0%	10	1	10,0%	1	0	0,0%	4	2	50,0%	N/A	N/A	N/A	32	4	12,5%
Caribbean Pop	30	0	0,0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	20	0	0,0%	0	0	0,0%	50	0	0,0%
Other *	15	0	0,0%	N/A	N/A	N/A	N/A	N/A	N/A	4	0	0,0%	N/A	N/A	N/A	N/A	N/A	N/A	19	0	0,0%
TOTAL...	1.058	13	1,2%	796	4	0,5%	182	3	1,6%	193	4	2,1%	1.310	17	1,3%	247	1	0,4%	3.786	42	1,1%
GOAL	5.000			4.500			800			500			3.000			2.000			15.800		
% Achieved	21%			18%			23%			39%			44%			12%			24%		

* In Costa Rica are 4 partners of males at risk reached in a sweep in the zone activity.

* In Guatemala 15 female security personnel

Although the Program in Nicaragua no longer implements activities in the field, during Q1 and due to existing stock of HIV rapid tests, the Program conducted strategic mobile VCT activities in high-risk zones in coordination with IPPF member association clinics (Profamilia) and other local NGOs. These tests were provided in Chinandega urban and border areas with men at-risk (truck and tricycle drivers), with ambulatory sex workers, MSM, and other at-risk populations. Additionally, STI diagnosis services were provided in coordination with a local NGO, CEPRESI. The results are reported above.

In terms of quality control for VCT, all Program continues ensure adequate implementation of the provision of this service. Additionally, in countries such as Guatemala, the Program conducted confirmation tests for every 10 rapid tests to ensure precise results.

In this period, the Program also received a monitoring visit for compliance with the Environmental Mitigation Plan in Guatemala. Results were positive and confirmed the Program's adherence to environmental guidelines for the disposal of medical waste, specifically the disposal of biomedical equipment used in VCT activities.

Cross-Cutting Component 4: Strategic Information, generating data and information to monitor the progress of the program and to re orient the activities implemented.

Result 4: Strategic information obtained through research and monitoring process, being used to design or modify prevention activities.

4.1. Research, Monitoring and Evaluation

Special Studies

During Q1, the Program developed a series of study objectives and completed the study design for one special study to obtain qualitative data and insights that will become the basis to develop future materials, messages and interventions, for people living with HIV. In January, the Program plans to submit the study designs to the local and PSI Internal Review Board (IRB).

Combination Prevention Impact Study. During this reporting period, the Program identified a funding opportunity through the Implementation Science Research to Support Programs under the President's Emergency Plan for AIDS Relief and began to outline a concept note, identify principal investigator (PI) and local partners to submit the concept note by January 31st. This is impact study to evaluate the effectiveness of the integrated behavioral, structural and biomedical interventions (combination prevention approach), with MSM and transgendered women in Costa Rica.

First Round of Mystery Client Survey

During Q1, FY2013, the Program completed the first round of the Mystery Client Survey in all Program countries except Costa Rica and Guatemala. In Guatemala, due to delays in the IRB approval, the study will be completed in January. In Costa Rica, the Program was unable to receive local IRB approval for the first round due to lack of Ministry of Health local committee and delay in their response on the procedures to follow; therefore, the Program decided not to conduct the first round of this study; Costa Rica will be included in the second round. The Mystery Client Survey seeks to 1) Assess the quality of service provision to MARPs by IPPF and private-sector healthcare providers in all program countries; 2) Compare the quality of services provided to MARPs to the quality of services provided to the general population by private-sector and IPPF healthcare providers in the countries of interest, and 3) Identify areas for improvement in service provision to MARPs at participating facilities and provide recommendations.

TRaC Surveys

In Q1 FY2013, the Program began the fieldwork for the new round of TRaC surveys with FSW and MSM in El Salvador, Nicaragua, Costa Rica and Panama. Additionally, the Program began two regional TRaCs with people leaving with HIV/AIDS and men at-risk in all Program countries. In Belize and Guatemala, TRaC surveys with FSW and MSM will be initiated in Q2 FY2013. The Tracking Results Continuously (TRaC) tool is designed to evaluate exposure to program activities, behaviors, behavioral factors and population characteristics. The survey questionnaires under this round of TRaC include questions on behavior related to HIV and prevention, and new sections on gender-based violence, and stigma and discrimination.

4.2. Strategic Information

DDM and Research Dissemination Strategy

During Q1 FY2013, the Program continue to implement its Regional Research Dissemination Strategy in a three-phase process as follows: a) Internal Dashboard to Decision Making (DDM) exercises, b) National DDM workshops with local NGO partners, MARP organizations and associations, and other key players such as donor representatives and public sector partners, and c) Research Dissemination Events. In this reporting period, the Program conducted a preliminary workshop to present to USAID the results of the Best Practices Review of the “Sweeping the Zone” activity. Additionally, the Program held an internal DDM workshop with researchers and HIV teams at a regional and local level to analyze the results of the Impact Study for the “Viviendo la Vida” methodology and generate a DDM document with recommended programmatic steps. For the final reports for these studies, see Annex XI - Best Practices Review of “Sweeping the Zone” Report, and Annex XII - Impact Study of the “Viviendo la Vida” methodology

Masculinities and Women's Perspective

During Q1, and as part of the launch events for the second phase of the masculinities and women's perspective campaign, the Program disseminated the results of the research in all Program countries. For more information, see Masculinities Campaign above.

Inter-institutional coordination

During FY2013, the Program will continue to carry out planning, interventions and prevention activities in close collaboration and coordination with other key partners, such as USAID partners in health, USG agencies, other donors, local Ministries of Health / National AIDS Programs, and regional and local working groups and collaborative entities. For example:

- *US Government (USG) Agencies and USAID partners in health.* As part of efforts stemming from the signing of the Partnership Framework, the Program continued to coordinate activities with other USG agencies and USAID partners in health to adequately contribute to Strategic Objective No. 3, and avoid duplication or overlap. In Q1, the Program participated in two portfolio review meetings; one at a regional level and one in Nicaragua. Also, the Program participated in ongoing and systematic meetings at a local level among USAID partners in health, such as The Capacity Project and PASCA.

Local Ministries of Health / National AIDS Programs or Commissions. During Q1, the Program continued to work closely with local MoH/National AIDS Programs in all Program countries as part of ongoing efforts to coordinate activities and maintain consistent communication of Program activities, research, and events. For example, all Program countries coordinated their VCT efforts with the MoH and participated in MoH committees to plan World AIDS Day 2012 activities. For more information, see Annex IV - World AIDS Day 2012 Report.

- - Guatemala. In Q1, the Program held a meeting with the National AIDS Program to present the research and campaign on masculinities including the women's perspective. The Program also provided the campaign spots to the MoH for its National HIV Testing Week activities.
 - El Salvador. In December, the National AIDS Commission of El Salvador held its annual elections to designate key posts within the Commission, and among three potential candidates to represent civil society organizations and NGOs, PASMO was elected by popular vote. With this representation in the Commission, PASMO is responsible for not only representing civil society, but also maintaining local NGOs and associations engaged and up to date on key agreements, activities, results and steps taken by the Commission on a national level.

- Nicaragua. During the reporting period, the Program worked with CONISIDA in Nicaragua to update the HIV legal and political framework with an emphasis on human rights and gender with the purpose of providing constant follow-up to the HIV and STI prevention strategy, ensuring that all laws and articles included in the National HIV Strategic Plan, as well as all other relevant laws, were included in the prevention strategy.
 - Costa Rica. During Q1, the Program held meetings with the Vice Minister of Health, and a separate meeting with CONASIDA to present the Program's research agenda and review local IRB processes. Additionally, as part of the masculinities campaign, the Program worked with the Ministry of Labor and Department of Justice to reach men with the campaign's messages.
 - Belize. The Program participated in two meetings with National AIDS Commission (M&E meeting and the Information Education and Communication meeting).
- *Local NGOs and C/FBOs*. Local organizations, whether non-governmental, community or faith-based continued to play a key role in the implementation of Program activities. In this period, the Program contacted REDCA as part of an effort to work with other types of networks and associations working with MARPs and PLHA. Specifically, the Program contacted REDCA to begin the review of existing materials for PLHA, and develop any new materials that may be necessary; the Program will also coordinate with REDCA when carrying out research with target groups.
- *Regional Coordinating Mechanism (RCM) and Country Coordinating Mechanisms (CCMs)*. During this period, the Program continued to work at a local level with Country Coordinating Mechanisms (CCMs). In Guatemala, the PASMO country manager continued to work as the CCM president and lead efforts in the National HIV/AIDS response. In El Salvador, the Program continued to participate actively in the CCM and PASMO was elected as a representative of international NGOs in an ad hoc evaluation committee to participate in the selection of the new Global Fund principal recipient. And, in Q1, the Program in Belize participated in the fourth NAC and CCM general assembly.
- *Other donors and programs*. The Program coordinated its activities and interventions with other donor projects and programs, such as the USAID bilateral Program in El Salvador and Nicaragua. Additionally, in Guatemala the Program participated in ongoing meetings of the GTA (Grupo Temático Ampliado), which includes representatives from international organizations (UNAIDS), MoH, Global Fund, civil society and NGOs, among others.
- *Regional and local coordinating entities*. During Q1, the Program continued to participate actively in regional and local coordinating working groups and entities such as the National Condom Strategy.

In Guatemala, the Program participated in the National Condom Strategy meetings led by a committee in which the MoH, UNFPA, CONASIDA, Global Fund, PASMO, IGSS (Social Security Institute) and other key partners. And, in Costa Rica, the Program participated in a meeting for advancing the National Condom Strategy process. Additionally, the Program led and facilitated the technical working groups on Stigma and Discrimination, and in Guatemala, the Program participated in the Sexual Violence and Human Trafficking Working Group.

- *Private sector.* As part of an ongoing strategy to engage the private sector, the Program continued to develop and maintain key contacts with private sector companies where men at-risk work. For example, in Guatemala the Program worked with the private security company, G4S, to conduct combination prevention activities with a group of 35 security guards. In Costa Rica, the Program, through a sales staff member, developed a key contact with a private security company that allowed it to conduct combination prevention with uniformed men in the San Pedro Mall and other future locations. Additionally, the Program continued ongoing efforts to improve the distribution of condoms in high-risk and non-traditional outlets, which entails close coordination with private distributors and outlet owners.

5. Other Cross Cutting Issues

Gender

As part of ongoing efforts to include gender in the conceptualization, development and implementation of all components of the program, the Program worked in this period to continue to recruit additional complementary component partners under the minimum package that specifically address gender-related issues such as reproductive health and violence.

In Guatemala, the Program participated in a two-day workshop entitled “Integrating Attention to Gender in Development Programming”, conducted by USAID. Over the course of two days, the workshop covered topics related to basic gender concepts, as well a self-assessment of one’s own program, and integrating a gender perspective into program management. The Combination Prevention Program Chief of Party and HIV Technical Advisor participated in the workshop.

The Program in Nicaragua conducted internal meetings and exercises to better integrate gender into their programming and methodological coaching activities. For example, the Program worked with a OB/GYN to discuss barriers women face when accessing health services, as well as a staff discussion around a film entitled “Yesterday” which addresses issues of women, gender-based violence, gender-dynamics and power, and HIV in South Africa.

In FY2012, the Program submitted and was awarded with a new program under the PEPFAR Gender Challenge Fund Program in Guatemala and one additional country. As of the end of Q1, FY2013, the Program had not yet received confirmation for the obligation of funds; however, the Program plans to integrate the new activities with combination prevention efforts and addressing gender-related topics. The Program expects to begin implementation in Q2.

Training on Coarsened Exact Matching (CEM)

The Program postponed a workshop originally planned for Q1 on Coarsened Exact Matching (CEM), a statistical methodology that designed to evaluate program impact with one round of TRaC surveys. Once the 2012 TRaC studies are completed, the workshop will be rescheduled.

Implement PSI/PASMO Human Resources Development Plan

During this reporting period, PSI/PASMO continued to implement its local Human Resources Development Plans, which include activities to enhance program performance and training for staff. PASMO teams in Guatemala conducted an exercise to develop its annual operation. In Nicaragua, six members of the PASMO staff participated in a training on Microsoft Excel with scholarships and as part of their MBOs (management by objectives). In Panama, staff participated in a team building exercise designed to motivate the team to achieve personal and professional goals.

Strategic Plan

In Q1, PSI/PASMO carried out its annual review of the 2008-2012 PASMO Strategic Plan. Management representing local teams throughout the region also worked to outline and develop the new PASMO Strategic Plan for 2013-2018. As a first step, PASMO conducted a series of all-staff meetings at each PASMO platform to review the last strategic plan and the new PSI Global Strategic Plan. These sessions also discussed the mission, vision, and values and the priority health needs in the region. This meeting was followed by several key information-gathering processes to learn more about the external environment and the organization's own strengths and weaknesses; inclusive of an anonymous staff survey amongst all PASMO staff across the region and resulted in over one hundred and sixty responses (160) as well as a key-informant survey amongst key stakeholders, including governmental, donor and NGO partners. The culmination was a three-day session with key, PASMO leadership utilizing the global framework for planning key goals, objectives and strategic initiatives across relevance, value and scale.

Challenges, Actions and Lessons Learned

Challenges	Actions and Lessons Learned
In Q1 FY2013 new government officials in Guatemala took office; specifically, a new Minister of Health took office as well as a new National AIDS Program Director.	In Q2, the Program has plans to meet the new officials along with other USAID partners in health, to present the Program and ongoing actions and coordination so as to provide continuity to the work being carried out in Guatemala.
Although the “sweeping the zone” activities have had an overall positive outcome and have proven to be generally effective in reaching MARPs with combination prevention, the Program needs to continue expanding its partners who provide biomedical and complementary services. Particular, the Program has faced challenges in engaging private sector laboratories in the “sweeping the zone” activities.	During the 2013 fiscal year, the Program plans to take concrete actions to strengthen the sweeping the zone activity and implement the findings of the Best Practices Review. The Program also plans to carry out local-level coordination, analysis in planning meetings which seek engage local partners in the results, successes and challenges of the activities. With private sector labs, the Program continue to evaluate and provide non-monetary incentives to increase their participation.
As the cyber-educator program continues to grow and increase its reach with at-risk MSM in online and social media spaces, certain new challenges have been encountered. For example, some MSM are reluctant to open the link to download the online voucher for fear of opening a virus. Also, MSM who connect from internet cafés tend have a more limited amount of time online and some do not allow the cyber-educator to complete the complete online outreach process.	In order to address and overcome some of the challenges faced under the cyber-educator program and online outreach process with MSM, the Program plans to hold a regional cyber-educator workshop in Q2.
Given that the Program decided to pursue the option of leading a social movement against stigma and discrimination, instead of a campaign, certain challenges in moving communication processes have been faced. For example, by motivating local ownership and local decision making, the communication elements of the campaign have been delayed. Moreover, during Q1, participation in the local technical working groups was reduced, especially during and after World AIDS Day, given that the members were conducting their own end-of-year activities.	As of Q2, the Program will complete the process of hiring local consultants to support Program countries in leading the social movement process and to provide support in implementing the strategy to reach journalists and opinion leaders. In Q1, consultants were hired for Costa Rica and Panama.